

FIG. 1

100

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101 1 122 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>	11 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>
102 2 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>	12 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>
103 3 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>	13 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>
104 4 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>	14 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>
105 5 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>	15 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>
106 6 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>	16 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>
107 7 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>	17 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>
108 8 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>	18 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>
109 9 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>	19 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>
110 10 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>	20 Name _____ Physician _____ Arrival Time _____ Address Change? <input type="checkbox"/> Insurance Change? <input type="checkbox"/>

Log Book

Confidential Sign-In System

Practice Name: _____

Date From: _____

Date To: _____

FIG. 2A

Instructions for Using the Confidential Sign-In System

- 201 ▲ **WRITE DATE** in upper corner of the page being used in the "Patient Sign-In Log".
- 202 ▲ Place a sheet of "Patient Sign-In Labels" on clipboard and put at front desk, or wherever a sign-in sheet has been put in the past.
- 203 ▲ **PEEL** labels from the sheet **immediately** after **each** patient signs in, and **TRANSFER** to the "Patient Sign-In Log". *(Be sure to note that there are numbers on both the labels and the spaces on the log. The label numbered 1 should be placed in the space numbered 1, and so on down the page.)*
- 204 ▲ **MORE THAN ONE PAGE** can be used for any one day. **ALWAYS FILL OUT THE DATE** at the top of the log sheet.
- 205 ▲ If a label needs to be rewritten, write "VOID" in the log in the appropriate space, **OR** write "VOID" on the label and transfer to the corresponding space in the logbook.

Recommended Procedure

- 206 ▲ IF labels are left on the sheet at the end of the day, IT IS IMPORTANT THAT THE SHEET OF **REMAINING LABELS BE DESTROYED**. Use a **NEW SHEET** of labels for every **NEW DAY**.
- 207 ▲ **ALWAYS USE A NEW PAGE IN THE LOG FOR A NEW DAY AND START A NEW SHEET OF LABELS FOR EACH NEW DAY**. *This will allow for accurate accounting of the number of patients seen on any particular day.*

OR

Alternate Method #1

- 208 ▲ Do **not** destroy remaining labels at **END OF DAY**. START NEXT DAY where you stopped the day before, **staying in sequence**. Make a mark in the logbook to indicate the end of one day and the start of the new day, noting the **new date in the margin**. (i.e. if there are only 12 patients one day, you can start the next day using label #13, in space #13, making a noticeable mark to indicate the start of the next day.)

OR

Alternate Method #2

- 209 ▲ Do **not** destroy remaining labels at end of day. START NEXT DAY on a **new page** in the logbook, indicating the **new date** in the space provided, BUT put label in the appropriately numbered space (i.e. label #13 goes in space #13, just on a new log page).

FIG. 2B

<p>①</p> <p>324</p> <p>Place Patient Name Label Here</p> <p>322</p> <p>306</p>	<p>⑥</p> <p>Place Patient Name Label Here</p>
<p>②</p> <p>Place Patient Name Label Here</p> <p>307</p>	<p>⑦</p> <p>Place Patient Name Label Here</p>
<p>③</p> <p>Place Patient Name Label Here</p> <p>308</p>	<p>⑧</p> <p>Place Patient Name Label Here</p>
<p>④</p> <p>Place Patient Name Label Here</p> <p>309</p>	<p>⑨</p> <p>Place Patient Name Label Here</p>
<p>⑤</p> <p>Place Patient Name Label Here</p> <p>310</p>	<p>⑩</p> <p>Place Patient Name Label Here</p>

Date _____

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FIG. 3B

326

11

Place Patient Name Label Here

16

Place Patient Name Label Here

311

316

12

Place Patient Name Label Here

17

Place Patient Name Label Here

312

317

13

Place Patient Name Label Here

18

Place Patient Name Label Here

313

318

14

Place Patient Name Label Here

19

Place Patient Name Label Here

314

319

15

Place Patient Name Label Here

20

Place Patient Name Label Here

315

320

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400

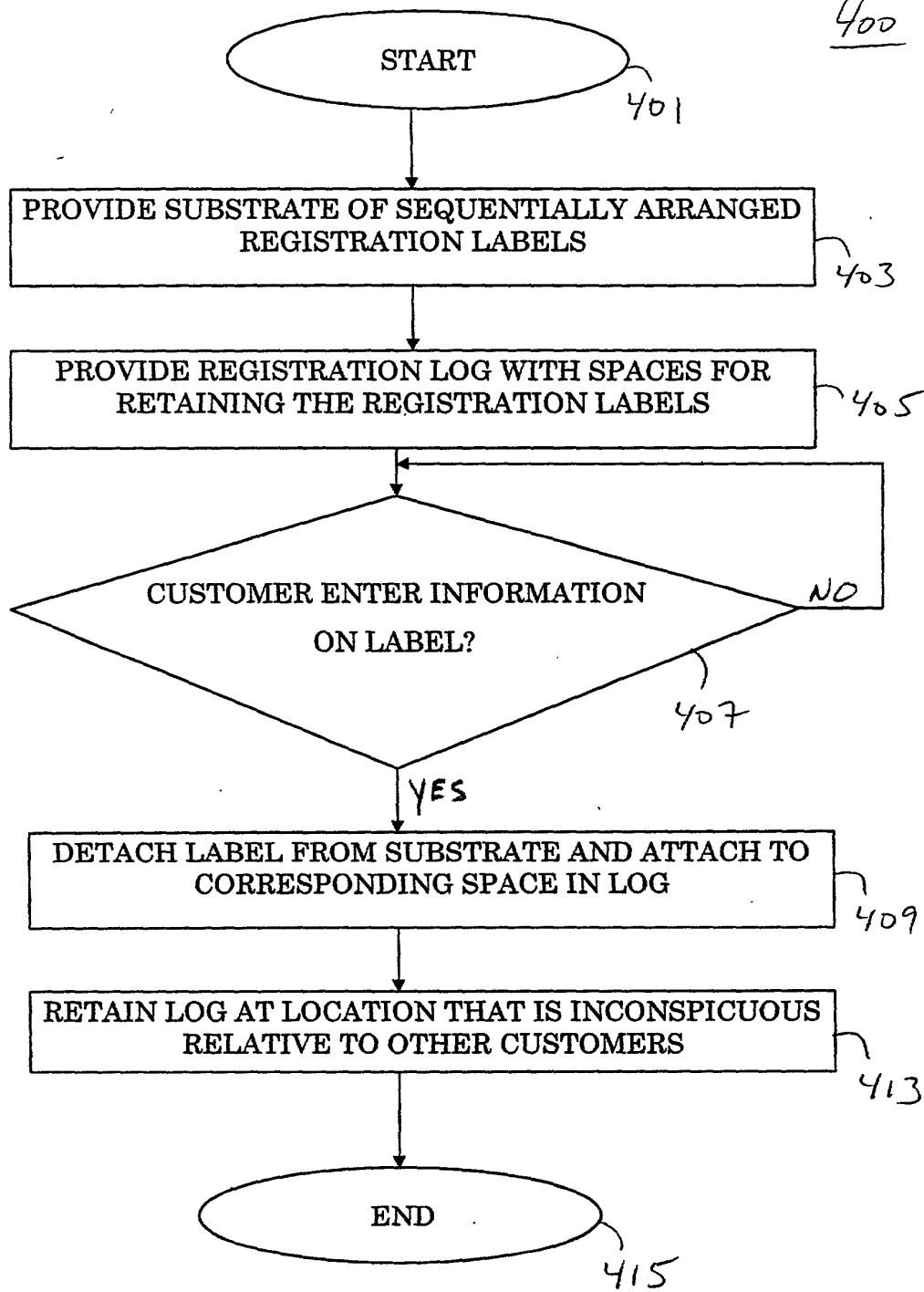


FIG. 4